

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G.W.	249	1/1
O.I.P.E. CLASSIFIER		11	1/15
FORMALITY REVIEW	D.H.	6330	1/13/99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	1/22/99
2 ✓	1/22/99
3 ✓	1/22/99
4 ✓	1/22/99
5 ✓	1/22/99
6 ✓	1/22/99
7 ✓	1/22/99
8 ✓	1/22/99
9 ✓	1/22/99
10 ✓	1/22/99
11 ✓	1/22/99
12 ✓	1/22/99
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(17) ✓	1/22/99
18 ✓	1/22/99
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20 ✓	1/22/99
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23 ✓	1/22/99
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27 ✓	1/22/99
28 ✓	1/22/99
29 ✓	1/22/99
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32 ✓	1/22/99
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(34) ✓	1/22/99
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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